

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT
FEE CALCULATIONS. ^{LM}
(FOR USE WITH FORM 170-876)**

09/651665

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	EXP.	IND.	EXP.	IND.	EXP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2			2		
TOTAL EXP.	17			10		

**TOTAL
WHD**

19

2

TOTAL
REF.

11

۷۴

18

ENO.	OEF.	ENO.	EP.	ENO.	OEF.
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL ENO.					
TOTAL OEF.					